



Date: \_\_\_\_\_

Admission #: \_\_\_\_\_

## General Background Questionnaire

Complete this form which will provide valuable information to assist us in caring for your pet. Please answer honestly and with as much detail as possible. Circle the appropriate answers.

Owner's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Pet's age: \_\_\_\_\_ Microchip: \_\_\_\_\_

Breed/Species: \_\_\_\_\_ Sex: Male or Female Spayed/Neutered: Yes or No

### General

Where did you get your pet? (circle one)

Hawaiian Humane Society      pet store      found      breeder      newspaper

Other shelter      friend/relative      internet      other \_\_\_\_\_

How long have you cared for this pet? \_\_\_\_\_

What is the reason for surrender?

\_\_\_\_\_

What type of food does your pet eat, how much, and at what time(s) of day?

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Time(s): \_\_\_\_\_

Does your pet have a special diet? Yes or No If yes, please describe: \_\_\_\_\_

Where is your pet when he/she is left home alone? (circle one)

Inside/Free      Certain room

Cage      Other \_\_\_\_\_

Where does your pet spend most of his/her time? (circle one)

Inside/Free      Certain room

Cage      Other \_\_\_\_\_

# Medical

Who is your veterinarian? \_\_\_\_\_

When was the last time your pet went to the vet? \_\_\_\_\_

List any medical conditions that your pet has, and the medication that your pet is on.

Medical Condition	Medication

# Behavior and Training

What are your pet's favorite toys and games?

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Does your pet know any special tricks?

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Is your pet scared of anything? \_\_\_\_\_

If so, how does he/she react? \_\_\_\_\_

How does your pet act around strangers? \_\_\_\_\_

How does your pet act around children? \_\_\_\_\_

Please tell us anything else that you think is important.

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